

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA  
CHARLESTON DIVISION**

**IN RE: AQUEOUS FILM-FORMING  
FOAMS PRODUCTS LIABILITY  
LITIGATION**

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**MDL No. 2:18-mn-2873-RMG**

**CASE MANAGEMENT  
ORDER NO. 5G**

**This Order Relates to All Cases**

**CASE MANAGEMENT ORDER NO. 5G GOVERNING THE FORM  
AND PROCEDURE FOR THE COMPLETION OF AMENDED  
PERSONAL INJURY PLAINTIFF FACT SHEETS**

1. The Court hereby issues the following Case Management Order to govern the form, procedure, and schedule for the completion and service of Amended Personal Injury Plaintiff Fact Sheets.

2. This Order applies to all personal injury plaintiffs with claims currently pending in this litigation, or subsequently filed in or transferred to this litigation, who have not served a completed Personal Injury Plaintiff Fact Sheet pursuant to Case Management Order No. 5 (“CMO 5”) as of the date of this Order.

3. Any and all law firms representing Plaintiff(s) in this MDL subject to this Order shall register with the vendor mutually agreed-to by the PEC and the DCC for purposes of submitting Amended Personal Injury Plaintiff Fact Sheets electronically (the “Portal Vendor”). Registration of all counsel for plaintiffs asserting personal injury claims currently in this MDL shall be required within 30 days of the date of the entry of an order approving the Portal Vendor. For any law firms representing plaintiffs asserting personal injury claims that have not previously registered, they must so register within 60 days of direct filing or transfer into this MDL.

4. As of the date of this Order, Exhibit 1 to CMO 5 (the “Superseded Personal Injury Plaintiff Fact Sheet”) is replaced by the Amended Personal Injury Plaintiff Fact Sheet attached hereto as Exhibit 1. The submission of a Superseded Personal Injury Plaintiff Fact Sheet after the date of this Order shall not satisfy the requirement to complete a Personal Injury Plaintiff Fact Sheet pursuant to CMO 5 ¶¶6-7.

5. Each plaintiff to whom this Order applies shall serve a completed and executed Amended Personal Injury Plaintiff Fact Sheet, together with all responsive, non-privileged documents requested therein via the Portal Vendor within the time required for the submission of a Personal Injury Plaintiff Fact Sheet pursuant to CMO 5. Any pro se plaintiff may serve their Amended Personal Injury Plaintiff Fact Sheet and accompanying documents via email to [affmdlpfsservice@nelsonmullins.com](mailto:affmdlpfsservice@nelsonmullins.com). This shall constitute effective service of the Amended Personal Injury Plaintiff Fact Sheet upon Defendant(s). The DCC shall provide a copy of any pro se Amended Personal Injury Plaintiff Fact Sheets to the PEC via email at: [AFFF\\_MDL\\_PFS@Douglasandlondon.com](mailto:AFFF_MDL_PFS@Douglasandlondon.com) and shall upload same to the portal.

6. For avoidance of doubt, this Order supersedes CMO 5 ¶ 25 with respect to the submission of Amended Personal Injury Plaintiff Fact Sheets insofar as plaintiffs represented by counsel may not submit an Amended Personal Injury Plaintiff fact sheet via email. Attempts by plaintiffs represented by counsel to submit an Amended Personal Injury Plaintiff Fact Sheet via email shall not satisfy the requirement to complete a Personal Injury Plaintiff Fact Sheet pursuant to CMO 5 ¶¶6-7.

7. In completing the Amended Personal Injury Plaintiff Fact Sheet, every plaintiff is required to provide an Amended Personal Injury Plaintiff Fact Sheet that is substantially complete

in all respects. For an Amended Personal Injury Plaintiff Fact Sheet to be “substantially complete in all respects,” it must, at a minimum:

- a. Identify at least one location of exposure with associated approximate dates of exposure in response to Question 16.a and/or 17.c;
- b. Select either Yes or No in response to each of the subparts to Question 20;
- c. Answer every other question contained in the Amended Personal Injury Plaintiff Fact Sheet to the best of their ability and leave no blanks, even if the Plaintiff can only answer the question in good faith by indicating “not applicable,” “N/A,” or providing as much detail as the person can;
- d. Be accompanied by the medical records required by Question 22; and
- e. Contain a signed and dated Verification of Plaintiff.

The requirements of this Paragraph 7 shall supersede CMO 5 ¶ 9 with respect to Amended Personal Injury Plaintiff Fact Sheets.

8. Except as expressly superseded by this Order, all other aspects of CMO 5 shall govern with respect to Amended Personal Injury Plaintiff Fact Sheets.

9. All plaintiffs that timely serve an Amended Personal Injury Plaintiff Fact Sheet consistent with this Order are relieved of the obligation to submit a Personal Injury Plaintiff Profile Form under Case Management Order No. 31. And for the avoidance of doubt, a plaintiff who had already submitted a Superseded Personal Injury Plaintiff Fact Sheet and who submits a substantially complete Personal Injury Plaintiff Profile Form need not also complete the Amended Personal Injury Plaintiff Fact Sheet.

10. In recognition of the fact that the Parties are arranging for a digital Portal Vender, the Court hereby orders that no personal injury Plaintiff shall be deemed non-compliant under

CMO 5 for failing to submit a substantially complete Personal Injury Plaintiff Fact Sheet for 60 days from the entry of this Order.

**IT IS SO ORDERED.**

Dated: December 5, 2024  
Charleston, South Carolina

s/Richard M. Gergel  
Hon. Richard M. Gergel  
United States District Judge

# **Exhibit 1**

***IN RE: Aqueous Film-Forming Foams (AFFF)  
Products Liability Litigation***

**Amended Personal Injury Plaintiff Fact Sheet**

In completing this Plaintiff Fact Sheet, you are under oath, subject to the penalties of perjury, and must provide information that is true and correct to the best of your knowledge. All references below to “Plaintiff” shall mean the person who claims to have been injured. If you are filling this form out on behalf of someone who has died, is incapacitated, or is a minor, the questions relate to the deceased person, incapacitated person, or minor asserting claims in the lawsuit. “You” or “Your” shall refer to either the plaintiff who is seeking recovery for alleged personal injury/bodily injury or the person responding to the question below, depending on context of the question. Where information is requested, you are required to provide the information available to you, including information available to you in a representative capacity if you are completing this Plaintiff Fact Sheet for another (e.g., for an incapacitated adult or minor). If you cannot recall all the details requested, please provide as much information as you can. Materials prepared by your attorneys for use in the litigation (Attorney Work Product) are not required to be produced. You must complete the Plaintiff Fact Sheet in accordance with the requirements and guidelines set forth in the applicable Case Management Order(s). To the extent that any response requires additional space, please insert additional space or information or attach a continuation sheet referencing the question at issue.

**ALL ASPECTS OF THIS PLAINTIFF FACT SHEET ARE DESIGNATED AS  
CONFIDENTIAL AND COVERED BY THE PROTECTIVE ORDER.**

**I. CASE INFORMATION**

1. Caption<sup>1</sup>: \_\_\_\_\_
2. Docket No.<sup>1</sup>: \_\_\_\_\_
3. Plaintiff’s law firm, address, phone, and email:

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<sup>1</sup>Case caption and docket information must be provided for your individual case in this MDL. A PFS providing case information from when the case was pending before any other court prior to transfer or identifying the master MDL case caption and/or docket number will be deemed deficient.

**II. PLAINTIFF INFORMATION**

4. Name of Plaintiff: \_\_\_\_\_
5. Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Current Height \_\_\_\_ ft. \_\_\_\_ in.
7. Current Weight: \_\_\_\_ lbs.
8. Gender: ☐ Male ☐ Female ☐ Non-Binary/Other
9. Spouse's Name (if currently married): \_\_\_\_\_
10. Does your Complaint allege a claim made by your spouse for "loss of consortium" (a claim that he or she has been deprived of the benefits of a family relationship with you due to your injuries)? ☐ Yes ☐ No
11. Are you completing this Plaintiff Fact Sheet in a representative capacity (on behalf of the estate of a deceased person, an incapacitated adult, or a minor)? ☐ Yes ☐ No

If Yes, please provide the following information:

- a. Your name: \_\_\_\_\_  
Your date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Your relationship to the plaintiff: \_\_\_\_\_
- b. Are you acting on behalf of a deceased individual? ☐ Yes ☐ No  
If so, state their date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
State their cause of death (if you know): \_\_\_\_\_
- c. Are you answering on behalf of a person under the age of 18? ☐ Yes ☐ No  
If so, state their date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- d. If you answered No to 11.b and 11.c above, state the reason you are acting on behalf of the plaintiff:  
\_\_\_\_\_  
\_\_\_\_\_

12. List your residences since 1970, regardless of whether you claim exposure to AFFF at the location, beginning with most recent. Provide as much information as you are able about each residence:

Street Address of Residence	City	State	Zip Code	Name of Water Provider	Year Start (Approx)	Year End (Approx)

13. Have you ever served in a branch of the military? ☐ Yes ☐ No

If Yes, please provide the following information:

- a. Which branch(es) of service?

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy ☐ Space Force

- b. Identify all bases where you were stationed during your service.

Base Name	U.S. State (if any)	Country	Year Start (Approx.)	Year End (Approx.)	Lived on base? (Y/N)

- c. Did your duties at any time include use of, training in use of, or exposure to firefighting foams? ☐ Yes ☐ No

- d. Date of discharge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

14. Have you ever been employed, trained as or volunteered as a firefighter? ☐ Yes ☐ No  
If Yes, please provide the following additional information:

- a. Which fire department(s) and fire station(s) did you work/volunteer at, with the corresponding dates of service for each?

Fire Department Name	Station(s)	City	State	Year Start (Approx.)	Year End (Approx.)

- b. Did your duties at any time include use of, training in use of, or exposure to firefighting foams? ☐ Yes ☐ No



15. Other than the present lawsuit, have you in the past five years been a Plaintiff in any lawsuit or made any claim related to any alleged bodily injury or illness (including for disability or worker's compensation)? ☐ Yes ☐ No ☐ Unsure

If Yes, explain where and when the lawsuit or claim was filed or submitted, the injuries claimed, the names of the adverse parties involved, and the outcome or disposition of the lawsuit or claim: \_\_\_\_\_

### III. ALLEGED EXPOSURE

16. Do you allege exposure to AFFF through drinking water? ☐ Yes ☐ No

If Yes, please complete questions 16.a – 16.e below and provide the information requested therein:

- a. Identify the address(es) at which you claim exposure to AFFF-contaminated water, the water provider or private well which services that address, and the years in which you allege exposure began and ended:

Street Address of Location of Contaminated Water	City	State	Zip Code	Name of Water Provider	Year Start (Approx)	Year End (Approx)

Provide all information above to the best of your ability. If you do not recall the details of any of the information above, such as precise addresses, the name of your water provider or the years in which you resided at a residence, provide as much detail as you can or your best estimate.

- b. Produce records or other information in your possession that documents that you worked, lived, attended school, or otherwise were exposed to water at each of the address(es) identified above.
- c. Produce documents, testing data and/or other information in your possession that demonstrates that the water district(s) or private well that you identified above is or was at any time contaminated with PFOA and/or PFOS. You may use publicly available information to respond to this question provided you or your counsel produce a copy of any such information on which you rely or identify, by bates number, a previously produced document.
- d. Identify the locations(s) at which you believe AFFF was used in a manner which resulted in the exposure you allege occurred at the addresses listed in response to question I.A.1 above. Identify all AFFF products which you believe were used at such location, if known. Provide as much detail as possible:

Location(s) of AFFF Use	Product	Manufacturer

- e. If you have any additional information in response to Questions 1-4 above that you have not already provided, including supporting documents, please provide that information below and/or produce such supporting documents.

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17. Do you allege direct exposure to AFFF? ☐ Yes ☐ No

If Yes, please complete questions 17.a – 17.f below:

- a. Do you claim direct exposure to AFFF through your work or training as a firefighter? ☐ Yes ☐ No
- b. Do you claim direct exposure to AFFF through your military services?  
☐ Yes ☐ No
- c. Identify the location(s) where you claim you were exposed to AFFF directly:

Street Address of Location	City	State	Zip Code	Name of Location (i.e. Name of Fire Department, Airport, Fire Training Facility, Military Site, etc.)	Type of Location	Year Start (Approx)	Year End (Approx)

- d. In what way(s) did this alleged direct exposure occur (you may check all that apply):
- i. Sprayed foam: ☐ Yes ☐ No
  - ii. Handling of foam containers: ☐ Yes ☐ No
  - iii. Accidental release of foam: ☐ Yes ☐ No
  - iv. Foam discharge from fixed system: ☐ Yes ☐ No
  - v. Spill of AFFF concentrate: ☐ Yes ☐ No
  - vi. Cleaning AFFF-related equipment: ☐ Yes ☐ No
  - vii. Other (describe below): ☐ Yes ☐ No

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- e. Identify all AFFF products to which you were directly exposed, if known. If you do not recall exact answers to any of the questions below, provide as much detail as possible:

Product Name	Manufacturer	Location(s) of Exposure(s)	Duration/Frequency of Exposure(s)

- f. Produce documents or other information in your possession that evidence the alleged direct exposure.

18. Do you allege exposure to PFAS containing Turnout Gear? ☐ Yes ☐ No

If Yes, you are required to complete the separate Turnout Gear Specific Fact Sheet pursuant to CMO 5F.

19. Have you ever had your blood, serum, or any other tissue tested for the presence of any PFAS? ☐ Yes ☐ No ☐ Unsure

If yes, provide all documents related to such test(s), including but not limited to all test results.

#### IV. DISEASE OR INJURY ATTRIBUTED TO PFAS EXPOSURE

20. Please indicate alleged injuries claimed in your lawsuit:

Kidney Cancer: ☐ Yes ☐ No

Testicular Cancer: ☐ Yes ☐ No

Thyroid Disease: ☐ Yes ☐ No

Ulcerative Colitis: ☐ Yes ☐ No

Pregnancy-Induced Hypertension: ☐ Yes ☐ No

High Cholesterol: ☐ Yes ☐ No

Liver Cancer: ☐ Yes ☐ No

Thyroid Cancer: ☐ Yes ☐ No

Other (Unlisted) Injury\* (1 per line): ☐ Yes ☐ No

1) \_\_\_\_\_

2) \_\_\_\_\_

- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\* Only check or list the primary injury or injuries you are alleging and directly claiming in this action. Do not include any injuries which exist solely as damages or as a direct result of one of the listed injuries above. For example, a plaintiff alleging kidney cancer should not separately list treatments for kidney cancer (such as a nephrectomy to remove the kidney or chemotherapy, etc.), secondary injuries which occurred as a direct result of kidney cancer or its treatment (such as metastasis of the cancer to other organs or injuries/sequela from any chemotherapy, etc.), or damages caused by kidney cancer (such as pain and suffering, emotional distress, fatigue, inability to sleep, or other impacts from their injury). Damages and/or direct result secondary injury allegations resulting from the injury or injuries checked above are preserved for future discovery and trial and are beyond what is being sought in this PFS at this time.

\*\*Please refer to Second Amended Case Management Order No. 28 for the requirements specific to unlisted injuries.

21. Identify the following for each healthcare provider, clinic, and/or hospital with whom you have treated or consulted for the injuries/damages identified in the question above:

Physician Name	Specialty	Practice Name / Facility Name	Address	Approximate Dates of Treatment	Condition Treated or Diagnosed

22. Produce medical records in your possession, including all records available to you upon request to your healthcare provider(s): (1) that evidence the diagnosis of your injury (if available) and/or (2) that evidence the injuries claimed above.

23. Excluding any healthcare providers identified above, please identify all persons whom you believe possess information concerning your alleged exposures or condition(s). For each person, please state their name, address, relationship to you, and the information you believe they may possess:

Name	Address	Relationship	Information they may possess

## V. HEALTH AND FAMILY HISTORY

24. Do you presently or have you ever smoked tobacco or used smokeless tobacco products?  
☐ Yes ☐ No


If Yes, please complete questions 24.a – 24.h below:

- a. During the time that you used tobacco products, how many packs of cigarettes did you smoke per day on average?
- None ☐
- Half pack or less ☐
- Between a half pack and a full pack: ☐
- More than a full pack: ☐
- b. How many years (approximately) did you smoke the amount of cigarettes indicated above in response to Question 24.a.? \_\_\_\_\_
- c. What year did you last smoke cigarettes? \_\_\_\_\_
- d. During the time that you used smokeless tobacco products, how many cans/pouches of smokeless tobacco did you use per day on average?
- None ☐
- Half can/pouch or less ☐
- Between a half can/pouch and a full can/pouch: ☐
- More than a full can/pouch: ☐

- e. How many years (approximately) did you use smokeless tobacco as indicated above in response to Question 24.d.? \_\_\_\_\_
- f. What year did you last use smokeless tobacco? \_\_\_\_\_
- g. Have you consumed tobacco in any other form on a regular basis? ☐ Yes ☐ No  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
- h. What brand or brands of tobacco products have you consumed?  
\_\_\_\_\_

## **VI. WAGES, EARNINGS, OUT-OF-POCKET COSTS, AND OTHER ECONOMIC LOSS**

25. Please indicate the damages you sustained from the personal injury(ies) identified above. Provide your best estimate of damages incurred as of the date you complete this PFS. If you are unable to provide any estimate for your damages list Unsure or To Be Determined. No amount need be entered for pain and suffering:

a. Pain and suffering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Out-of-pocket medical expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
c. Lost wages/business	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
d. Other (describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

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26. Produce any and all records in your possession that evidence the amount of damages, if any, identified in response to Question 25.b-d above, such as medical bills, receipts, invoices, employment records, or other similar documents.

### **AUTHORIZATIONS**

Provide signed copies of the records authorization forms that you are required to provide under the Case Management Order governing plaintiff fact sheets and records authorizations.

### **RECORDS**

Provide those records in your possession which you used and/or relied upon to complete this PFS form and/or which support and/or relate to your claimed injuries, diseases, and/or damages described herein, including but not limited to (1) all medical records in your possession, custody, or control that relate to the injuries listed above in response to Question 20 or that were provided to you by the healthcare providers listed in response to Question 21, (2) any records in your possession that relate to any PFAS testing that has been conducted at the sites you have listed in response to Questions 16 or 17, (3) any documents or other information identifying the specific products you were exposed to and how you claim those products reached the site/location where you were exposed (i.e. photos of product labels at the site, invoices, shipping labels, identity of witnesses, etc.), (4) any test results or other records relating to your blood, serum, or any other tissue tested for the presence of any PFAS.

### **VERIFICATION**

I declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Fact Sheet and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Plaintiff<sup>2</sup>

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

<sup>2</sup> For purposes of this verification, either a handwritten signature or verified electronic signature is required. A verified electronic signature can include a signature obtained through a reputable third-party vendor, such as DocuSign, or through a verification of identity obtained through the electronic portal used to enter the information requested in this fact sheet.